

Georgia Department of Human Resources

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND ADDICTIVE DISEASES

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The Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) serves people of all ages and those with the most severe problems. Often, their problems are long-term, and most will not receive help without state-supported services. During FY 2005, MHDDAD served 202,251 people.

The division has some 7,300 employees; most work in state hospitals. The budget for FY 2005 was over \$850 million, including \$589 million in state funds.

The MHDDAD regional offices identify needed services and coordinate the development and implementation of services for people with mental illness, substance abuse problems, or mental retardation and related developmental disabilities. The regional offices oversee this array of treatment and support services as well as substance abuse prevention services. Services are provided across the state through seven regional MHDDAD hospitals and through contracts with 25 community service boards, boards of health and approximately 400 private providers.

The MHDDAD system

- The MHDDAD system of services is administered through regional offices disbursed across the state. In FY06 the number of regional offices was reduced from seven to five. These regional offices administer the hospital and community resources assigned to the region. They oversee implementation of statewide initiatives, develop new services and when necessary expand existing services, regularly monitor services to ensure consumers are receiving services they need and are doing well, hear complaints about services, ensure complaints are investigated and resolved, and conduct special investigations and reviews when warranted. For FY06, the regional offices are providing for community services through over \$500 million in contracts.
- Regional planning boards, volunteer citizen boards appointed by county commissions, identify local needs and develop priorities for services. They are the voice for consumers and their families in setting local and statewide priorities, and they serve as advocates with local officials for needed services.
- Community service boards are the public provider of community MHDDAD services.
- Consumers and their families help to shape the system that affects their lives. They make up at least half of the membership of both the regional planning boards and the community service boards. Consumers are also employed in state hospitals and community programs to ensure that their voice is heard in service planning and delivery.

Community Services

The MHDDAD system aims to serve people in the community as a first resort with hospitalization reserved for people who truly need that level of care. Community services have become more flexible and are more easily tailored to individual needs. Services are designed to promote recovery and independence and the individual's integration into the regular community. A network of providers, including community service boards, boards of health and private agencies, provide a range of services to people in their home communities, including outpatient services; residential services; day treatment, training or support programs; crisis intervention and supported employment.

Outpatient services include diagnosis and evaluation, individual, group or family counseling, medication monitoring, education, and service coordination. In FY05, 196,185 people received outpatient services.

Community residential services provide living arrangements for people with mental illness or mental retardation who need support to remain in the community, and detoxification and treatment programs for people with substance abuse problems who need 24-hour, structured treatment. Residential treatment programs serve youngsters with the most severe alcohol and drug-related problems.

Day programs help people with severe disabilities learn basic living, social and work skills. Day support services for people with developmental disabilities include activities in typical community settings, activities in training centers, pre-vocational training and supported employment. Day services for people with mental illness include psychosocial rehabilitation programs as well as less intensive peer support services.

Family support and natural support enhancements keep consumers in their own communities by focusing on the consumers and their support networks such as family and friends. Services include: training or assistance with social interactions, daily living skills, managing health and diet, respite for caregivers, transportation, person-centered planning, accessing and coordinating medical services, and financial life planning.

Supported employment provides the supports people with mental illness or mental retardation need to find and keep jobs. Consumers continue to say that employment is a top priority. In FY05, 8,172 people with mental disabilities worked in real jobs through supported employment.

Through interdepartmental partnerships, the **Ready for Work (RFW)** program provides substance abuse treatment for women as part of the federal welfare reform legislation of 1996. The majority of women served are recipients of Temporary Assistance for Needed Families (TANF). Treatment is provided in both outpatient programs and residential programs located across the state. In FY05, the programs served 2,690 TANF recipients to assist them in removing substance abuse as a barrier to employment.

Services for children are a priority. Georgia has expanded **community mental health services for emotionally disturbed children and adolescents** from limited outpatient diagnosis to a network of services. The network includes: counseling

services, community supports and in-home treatment services, therapeutic after school programs, respite care, community residential treatment services and crisis services. In FY05, over 40,000 children and adolescents with serious emotional disturbances were served in community programs.

In addition, **outdoor therapeutic programs** in Warm Springs and Cleveland serve young people with serious emotional disturbances in wilderness, camp-like settings. In FY05, the programs served 230 youngsters

Prevention services and programs have been implemented in a majority of Georgia communities. These include science-based programs with proven results, parent education programs, after-school mentoring, tutorial and life skills development programs that build youth resilience against alcohol and drug use and abuse. The Division sponsors and supports the annual Georgia Red Ribbon celebration of drug free living for which the Governor serves as “Honorary Chair,” a 24-hour, toll-free helpline (1-800-338-6746) providing prevention information as well as crisis referrals, an award-winning statewide Drug Free Workplace program, and a maternal substance abuse and child development program at Emory University. During FY05 over a million individuals were served by statewide and regional programs. Of these, almost 400,000 participated in science-based programs. These efforts have yielded proof that prevention works. According to the 2002 National Survey on Drug Use and Health released in 2004, for the month preceding data collection, for youth 12-17, GA was:

- One of the 8 states with the lowest percentage of youth reporting alcohol use;
- In the lowest 5th of all states for current use of marijuana; and
- Among the 8 states with the lowest percentage of youth reporting use of any illicit drug, other than marijuana.

State hospitals and institutions

When hospitalization is needed, it is currently provided by seven public hospitals serving specific geographic regions and through contracts with private hospitals. The seven public MHDDAD hospitals primarily treat people with severe, persistent mental illness often complicated by substance abuse issues. Usually, consumers are hospitalized for a short time until they are stable and can return to community treatment programs.

In FY05, 18,281 consumers were served in state hospitals.

- 14,287 adults had a primary disability of mental illness or substance abuse;
- 2,722 children or adolescents had a primary disability of severe emotional disturbance or substance abuse;
- 1,403 people had a primary disability of mental retardation or related developmental disabilities.

State hospitals also provide **forensic services** to people charged with a crime and found incompetent to stand trial or “not guilty by reason of insanity,” and people involved with the Department of Corrections and local law enforcement agencies. On average, in FY05 there were 533 forensically-involved adult inpatients served each day by the MHDDAD service system. In FY05, forensic programs also performed over 3,187 court-ordered pre-trial evaluations of people charged with a crime.

All seven state hospitals have developed **state-operated community services** to ensure services are available for those who are most difficult to serve when other

community service providers are not available. These community services are staffed by hospital employees but located in regular neighborhoods.

The array of state-operated community services include residential programs for people with developmental disabilities, residential programs for people with mental illness, treatment residences for people with addictive diseases, crisis stabilization service programs, assertive community treatment teams, forensic group homes, and community integration homes. In FY06 MHDDAD is operating over 50 state-operated community service programs.

Looking to the Future

Statewide plans include:

- establishing an effective and consistent system statewide for entering people into services, assessing their needs and linking them to the appropriate services;
- continuing to develop options for consumers to allow more choice;
- expanding opportunities for self-direction and community integration;
- expanding availability of recovery-based services, especially peer support services, for consumers with mental illness or addictive diseases and services that can go to the person where he or she is and assist with real-life situations;
- increasing availability of community-based crisis services to prevent unnecessary hospitalization, including crisis stabilization services for children and adolescents;
- enhancing supports for families with children who are severely emotionally disturbed when problems first start, to prevent escalation and the need for more intensive services;
- continuing to expand service availability to meet the service requests of people with developmental disabilities on waiting lists;
- developing integrated services that pull together resources from throughout the system and community to better meet individual needs;
- continuing the transition from hospital to community services for people with developmental disabilities; transitioning adolescents and adults from long-term care hospital settings to intensive community residential services (Olmstead initiative).